

Subject



ROUTING AND TRANSMITTAL SLIP		Date
		01 DEC 87
TO: (Name, office symbol, room number, building, Agency/Post)		Initials Date
1. DIRECTOR OF MEDICAL SERVICES		
2.		
3.		
4.		
5.		
Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

#1 - FOR ACTION: PLEASE RESPOND DIRECT WITH
DROP COPIES TO ER AND DDA. ROUTE VIA
DDA.

SUSPENSE: 7 DECEMBER 1987

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

HENRY P. MAHONEY, ADDA

Room No.—Bldg.

Phone No.

5041-102

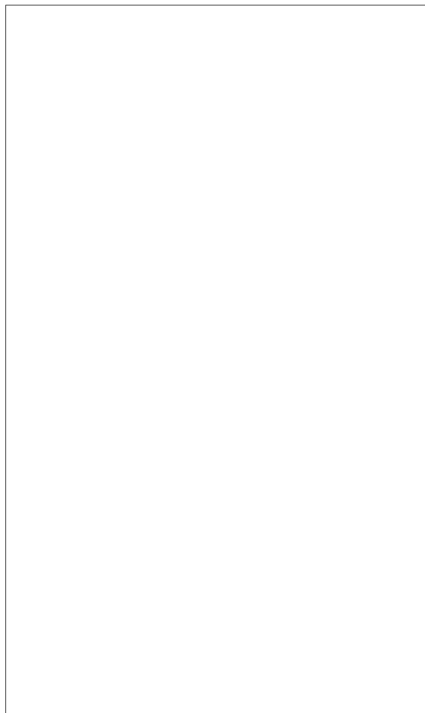
*U.S.GPO:1986-0-491-247/20047

OPTIONAL FORM 41 (Rev. 7-78)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

FROM
DIRECTOR OF CENTRAL INTELLIGENCE
TO
OFFICIAL INDICATED BELOW

11/30

STAT



- ☐ See me
- ☐ Note and return
- ☐ For your recommendation
- ☐ Prepare reply and return for my signature
- ☒ Respond over your signature
- ☐ What are the facts?
- ☐ Please handle
- ☐ Hold

Remarks: _____

